

IDENTIFYING INFORMATION:

Case Management/Support Broker Provider:_____. Case Mgr./Support Broker:_____.

<input type="checkbox"/> CLASS I	<input type="checkbox"/> CLASS II	<input type="checkbox"/> CLASS III	<input type="checkbox"/> Adjudicated	<input type="checkbox"/> Not Adjudicated
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Phone #: _____.

DESCRIPTION OF INCIDENT: (To be completed by staff witnessing or discovering the incident) Where did it happen? Who was involved? What happened? Action Taken? Attach other pages if necessary.

Signature of Person Reporting: _____ Title: _____ Date: _____.

<input type="checkbox"/> A – Suspected Abuse	<input type="checkbox"/> H – Suicide Attempt	<input type="checkbox"/> P – Emergency Room Visit
<input type="checkbox"/> B – Suspected Neglect	<input type="checkbox"/> I – Severe Behavior Outburst	<input type="checkbox"/> Q – Hospitalization, Medical
<input type="checkbox"/> C – Suspected Exploitation	<input type="checkbox"/> J – Property Damage	<input type="checkbox"/> R – Hospitalization, Psychiatric
<input type="checkbox"/> D – Death of an Individual	<input type="checkbox"/> K – Self Abuse	<input type="checkbox"/> S – Medication Error
<input type="checkbox"/> E – Emergency Chemical Restraint	<input type="checkbox"/> L – Individual Aggressed to Staff	<input type="checkbox"/> T – Serious Injury
<input type="checkbox"/> F – Emergency Physical Restraint	<input type="checkbox"/> M – Peer on Peer Aggression	<input type="checkbox"/> U – Police Involvement
<input type="checkbox"/> G – Threatened Suicide	<input type="checkbox"/> N – Negative Media Attention	<input type="checkbox"/> V – CMHC Crisis Referral
Other - _____	<input type="checkbox"/> O – Elopement	<input type="checkbox"/> X – Urgent Treatment Center Visit

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SUPERVISOR/CASE MANAGER/SUPPORT BROKER FOLLOW-UP

(Add additional pages if necessary)

SS# _____ Name: _____ Date of Incident: _____

I. Why did the incident occur? What staff action was effective in diffusing the incident or redirecting problem behavior? What staff action may have contributed to or aggravated the incident? Was treatment obtained in a timely fashion? Was a Behavior Plan followed? Was a Crisis Plan followed? Were they effective?

II. How could this incident have been prevented? How will the agency ensure that the incident does not occur again? What specific changes will be made in the person's life (home, work, day, etc.)? What will staff do differently? Does the person's team need to meet? What systems changes need to occur? How will management's role change?

III. What staff training needs were identified? On what date will the training occur? Who will provide the training?

IV. Are any changes necessary that will be made to the Individual Plan of Care, Crisis Prevention Plan, and/or the Behavior Support Plan? How will these changes support the person to achieve his/her vision and cope effectively? What other positive changes can be made to enhance the person's life? (such as, more choice, pursuing the person's vision, variety, developing relationships, developing and enhancing communications)

V. What is the individual's current status? What kind of impact has the incident had on the individual's life?

Submitted by: _____ Title: _____ Date: _____

Additional Signatures:

_____ Title: Case Mgr./Support Broker Date: _____

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_____ Title: _____ Date: _____

_____ Title: _____ Date: _____